



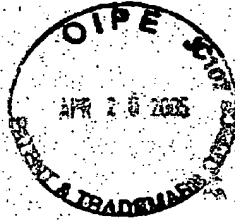
Scanned SL/M
4/20/05

 UNITED STATES POSTAL SERVICE®		Click-N-Ship®	
E		www.usps.com EO 908 873 573 US 0136 5002 0062 2313 \$13.65 US POSTAGE Flat Rate Env 04/20/05 2 lb 0 oz Mailed from 77098 071V00503274	
USPS EXPRESS MAIL®			
SCOTT L MADDOX 1711 KIPLING ST APT 4 HOUSTON TX 77098-1627			
SHIP TO: COMMISSIONER OF PATENTS PO BOX 1450 ALEXANDRIA VA 22313-1450			
USPS EXPRESS MAIL			
EO 908 873 573 US			
POSTAL USE ONLY			
Date In: Mo. Day Year Day of Delivery: <input type="checkbox"/> Next <input type="checkbox"/> Second Return Receipt <input type="checkbox"/> COD	Time In: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM Additional Insurance Fee		

Use Express Mail packaging or stickers. Securely affix label to mail piece. Do not tape over barcode or "Postal Use Only" section. This Online Label and Online Record must be presented to Postal personnel for acceptance processing to receive the service guarantee and be eligible for a service related refund. This completed and round-dated Online Record must be submitted with refund application.

 EXPRESS MAIL		CUSTOMER Online Record		DO NOT MAIL	
ORIGIN (POSTAL USE ONLY)					
PO ZIP Code 77098	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input checked="" type="checkbox"/>			
Date In Mo. Day Year	<input type="checkbox"/> 12 NOON <input type="checkbox"/> 3 PM	Postage \$13.65			
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Address to PO Box <input type="checkbox"/>	Return Receipt Fee			
Weight lbs 2 ozs 0	Contents Value	COD Fee	Ins. Fee	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.	
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$13.65			
Mailer's Signature _____					
CUSTOMER INFORMATION					
FROM: SCOTT L MADDOX 1711 KIPLING ST APT 4 HOUSTON TX 77098-1627			TO: COMMISSIONER OF PATENTS PO BOX 1450 ALEXANDRIA VA 22313-1450		
FOR PICKUP OR TRACKING CALL 1-800-222-8343 www.usps.com					

USPS Employee: For service failure refunds, follow existing refund procedures. Attach the Customer Online Record to the PS Form 3533 and send copies of both to the Express Mail Office for recording.



17712 U.S. PTO

042005

Application Number: 10/691,309
Filing Date: 10/22/2003
1st Named Inventor: James Crawford
Art Unit: 3672
Examiner Name: Neuder, William P.
Attorney Docket #: PET-004:CIP2

Please confirm receipt of:

Revocation of Power of Attorney
with New POA & Change of
Correspondence Address signed by
Edward Lamb
James Crawford